Coverage	IHC Preferred	IHC Basic	IHC 50	IHC 30/50	IHC 30	IHC 15
Primary Care Physician	\$30 copay	\$30 copay	\$50 copay	\$30 copay	\$30 copay	\$15 copay
Specialist Office Visits	\$30 copay	\$30 copay; plan pays a maximum of \$700 per calendar year	\$50 copay	\$50 copay	\$30 copay	\$15 copay
Outpatient X-ray and Laboratory Services	100%	100%	\$50 copay	\$50 copay	\$30 copay	\$15 copay
Well Baby/Child Care	\$30 copay	\$30 copay	\$50 copay	\$30 copay	\$30 copay	\$15 copay
Hospital Services Inpatient	\$500 copay/ confinement, then covered at 100%	\$500 copay/ confinement, then covered at 100%; maximum 90 days/calendar year	\$500 copay/day. Maximum 5 days/admission; \$5,000 maximum copay/calendar year	\$300 copay/day. Maximum 5 days/admission; \$3,000 maximum copay/calendar year	\$300 copay/day. Maximum 5 days/admission; \$3,000 maximum copay/calendar year	\$150 copay/day. Maximum 5 days/admission; \$1,500 maximum copay/calendar year
Prenatal Care	\$50 copay for initial visit, subsequent visits covered in full. Inpatient: see Hospital Services Inpatient.	See Hospital Services Inpatient; 1st three prenatal visits covered as Specialists office visits. Delivery and newborn are covered; Prenatal (with the exception of 1st three office visits and Postnatal not covered)	\$50 copay for the initial visit	\$30 copay for the initial visit	\$25 copay for the initial visit; subsequent visits covered in full	\$25 copay for the initial visit; subsequent visit covered in full
Emergency Room	\$100 copay per visit	\$100 copay per visit	\$100 copay per visit*	\$100 copay per visit*	\$100 copay per visit*	\$100 copay per visit*
Outpatient and Ambulatory Surgery	\$250 copay per surgery, then 100%	\$250 copay per surgery, then 100%	Facility - \$100 copay Practitioner - \$50 copay	Facility - \$100 copay Practitioner - \$50 copay	Facility - \$30 copay Practitioner - \$30 copay	Facility - \$15 copay Practitioner - \$15 copay
Non-Biologically Based Mental Illness	Not covered	Not covered	Outpatient: \$50 copay; maximum 20 visits/calendar year combined with substance abuse Inpatient: \$500 copay/day; maximum 5 days/admission; \$5000 maximum copay/year combined with substance abuse	Outpatient: \$50 copay; maximum 20 visits/calendar year combined with substance abuse Inpatient: \$300 copay/day; maximum 5 days/admission; \$3000 maximum copay/year combined with substance abuse	Outpatient: \$30 copay; maximum 20 visits/calendar year combined with substance abuse Inpatient: \$300 copay/day; maximum 5 days/admission; \$3000 maximum copay/year combined with substance abuse	Outpatient: \$15 copay; maximum 20 visits/calendar year combined with substance abuse Inpatient: \$150 copay/day; maximum 5 days/admission; \$1500 maximum copay/year combined with substance abuse

Coverage	IHC Preferred	IHC Basic	IHC 50	IHC 30/50	IHC 30	IHC 15
Biologically	Outpatient: plan	Outpatient: plans	Outpatient: \$50	Outpatient: \$50	Outpatient: \$30	Outpatient: \$15
Based	pays 70%; 30	pays 70%; 30	copay	copay	copay	copay
Mental Illness	visits/calendar year	visits/calendar year	Inpatient: \$500	Inpatient: \$300	Inpatient: \$250	Inpatient: \$150
	Inpatient: \$500	Inpatient: \$500	copay/day;	copay/day;	copay/day;	copay/day;
	copay/	copay/	maximum 5	maximum 5	maximum 5	maximum 5
	confinement	confinement; 90	days/admission;	days/admission;	days/admission;	days/admission;
		days maximum/	\$5000 maximum	\$3000 maximum	\$3000 maximum	\$1500 maximum
		calendar year	copay/year	copay/year	copay/year	copay/year
Substance Abuse	Outpatient: plan	Outpatient: plan	Outpatient: \$50	Outpatient: \$50	Outpatient: \$30	Outpatient: \$15
	pays 70%; 30	pays 70%; 30	copay; maximum	copay; maximum	copay; maximum	copay; maximum
	visits/calendar year	visits/calendar year	20 visits/calendar	20 visits/calendar	20 visits/calendar	20 visits/calendar
	combined with	combined with	year combined with	year combined with	year combined with	year combined with
	alcohol abuse	alcohol abuse	non-biologically	non-biologically	non-biologically	non-biologically
	Inpatient: \$500	Inpatient: \$500	based mental	based mental	based mental	based mental
	copay/confinement	copay/confinement	illness	illness.	illness.	illness.
	then pays 70%; 30	then pays 70%; 30	Inpatient: \$500	Inpatient: \$300	Inpatient: \$300	Inpatient: \$150
	days maximum/	days maximum/	copay/day;	copay/day;	copay/day;	copay/day;
	calendar year	calendar year	maximum 5	maximum 5	maximum 5	maximum 5
	combined with	combined with	days/admission;	days/admission;	days/admission;	days/admission;
	alcohol abuse	alcohol abuse	\$5000 maximum	\$3000 maximum	\$3000 maximum	\$1500 maximum
			copay/year	copay/year	copay/year	copay/year
			combined with	combined with	combined with non-	combined with
			non-biologically	non-biologically	biologically based	non-biologically
			based mental	based mental	mental illness.	based mental
			illness.	illness.		illness.
Alcohol Abuse	Outpatient: plan	Outpatient: plan	See biologically	See biologically	See biologically	See biologically
	pays 70%; 30	pays 70%; 30	based mental	based mental	based mental	based mental
	visits/calendar year	visits/calendar year	illness	illness	illness	illness
	combined with	combined with				
	substance abuse	substance abuse				
	Inpatient: \$500	Inpatient: \$500				
	copay/confinement	copay/confinement				
	then pays 70%; 30	then pays 70%; 30				
	days maximum/	days maximum/				
	calendar year	calendar year				
	combined with	combined with				
	substance abuse	substance abuse				
Pre-admission	100%	100%	\$50 copay	\$50 copay	\$30 copay	\$15 copay
Testing						
Prescription Drug	Plan pays 50% up	Not covered	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance
	to \$1500 per					
	person per year					
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited

^{*} Credited toward inpatient admission if admission occurs within 24 hours of the emergency.

This listing of benefits and services is only a summary. For a more detailed description of benefits, exclusions, and limitations, refer to the IHC contract.

